

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	2		2				
4	1		2				
5	2		2				
6	2		2				
7	2		2				
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50							
TOTAL IND.	/	↓	/	↓		↓	
TOTAL DEP.	9	↑	15	↑		↑	
TOTAL CLAIMS	10	[REDACTED]	16	[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↑		↑		↑	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	